

No. W 24380	Due no later than May 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX NEIL L STODDARD 146 N 2ND E REXBURG, ID 83440																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable VALLEY PROFESSIONAL PHARMACY LLC 1536 E 400 N ST ANTHONY, ID 83445	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Managing member</td> <td>Neil Stoddard</td> <td>1536 E. 400 N.</td> <td>St Anthony</td> <td>Id</td> <td>83445</td> </tr> <tr> <td>Secretary</td> <td>Shelle Stoddard</td> <td>1536 E. 400 N.</td> <td>St Anthony</td> <td>Id</td> <td>83445</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Managing member	Neil Stoddard	1536 E. 400 N.	St Anthony	Id	83445	Secretary	Shelle Stoddard	1536 E. 400 N.	St Anthony	Id	83445
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5. Organized Under the Laws of: IDAHO W 24380	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date 3-16-04</td> </tr> <tr> <td>Name (Typed or Printed) Neil L. Stoddard</td> <td>Title MANAGER</td> </tr> </table>		Signature 	Date 3-16-04	Name (Typed or Printed) Neil L. Stoddard	Title MANAGER														
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